## **SENDER: COMPLETE THIS SECTION** COMPLETE THIS SECTION ON DELIVERY A. Signatura Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse `Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Mr. Charles Grishm, Jr. P.O. Box 31526 □ No If YES, enter\_delivery\_address below: 9392212 Service Type In Francisco, California Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise □ Insured Mail □ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 0003 0353 (Transfer from service label)

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